

## APPLICATION DIVISION DATA BASE ROUTING SLIP

TO: APPLICATION DIVISION

SPECIAL PROCESSING AND CORRESPONDENCE BRANCH

CP2-7C10

(PALM LOC. 0380)

FROM:

GROUP OR OFFICE 1648	PALM LOC CODE	DATE FORWARDED	APPLICATION SERIALS NO. 09/497,997
PERSON TO CONTACT Stacy Chen (Brown)	FOR AN INQUIRY ON THIS CORRECTION (AFTER 5 WORKDAYS) PHONE TEAM V 308-3610		
PHONE NO. 308-2361			

CORRECTION REQUIRED:

See correction on Bib. Data Sheet re: inventor's name

SBC 7/15/03

7/28/03

FOR APPLICATION DIVISION USE:

DATE RECEIVED: \_\_\_\_\_

DATE RETURNED: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_

DATE THE CORRECTED RECEIPT MAILED: \_\_\_\_\_

COMMENTS:

## APPLICATION DIVISION DATA BASE, ROUTING SLIP

TO: APPLICATION DIVISION  
SPECIAL PROCESSING AND CORRESPONDENCE BRANCH  
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FROM:

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PHONE NO. 308-2361			

CORRECTION REQUIRED:

See correction on Bib. Data Sheet re: title  
and Foreign Applications data

FOR APPLICATION DIVISION USE:

DATE RECEIVED: \_\_\_\_\_

DATE RETURNED: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_

DATE THE CORRECTED RECEIPT MAILED: \_\_\_\_\_

COMMENTS:

*title changed*



Commissioner for Patents  
Washington, DC 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8156

<b>SERIAL NUMBER</b> 09/497,997	<b>FILING DATE</b> 02/04/2000 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 0660-0166-OX-CONT
<b>APPLICANTS</b> Theresa Ternynck, Paris, FRANCE; Alexandre Avrameas, Vitry Sur Seine, FRANCE; Gerard Buttin, Paris, FRANCE; Straitis Avrameas, Paris, FRANCE; Marie-Francoise Saron, Paris, FRANCE; Bruno Blondel, Bures Sur Yvette, FRANCE; Theresa Couderc, Paris, FRANCE; Susan Michelson, Noisy, FRANCE; Donato Zipeto, Paris, FRANCE;				
<b>** CONTINUING DATA *****</b> This application is a CON of PCT/FR98/01740 08/04/1998				
<b>** FOREIGN APPLICATIONS *****</b> FRANCE 9709972 08/04/1997				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/02/2000</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 1
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 22850				
<b>TITLE</b> SINGLE-CHAIN ANTIBODY FRAGMENTS FOR TRANSFERRING SUBSTANCES INTO CELLS				
<b>FILING FEE RECEIVED</b> 1768	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	